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PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 09/763616												16	
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)								MALL YPE	ENTITY	OR	_	THAN ENTITY	
TO	OTAL CLAIMS		·		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		F	RATE	FEE	7	RATE	FEE	
FC)R		NUMBER FILED		NUMBER EXTRA		E	ASIC FI	EE	OR	BASIC FEE		
TC	TAL CHARGE	ABLE CLAIMS	40 minus 20=		. 90		ľ	XS 9=		OR	X\$18= -		
IN	EPENDENT C	LAIMS	m [£]	inus 3 =	•			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	1	OR	+270=		
* If the difference in column 1 is less than zero, enter *0" in column 2								TOTAL		OR		-	
CLAIMS AS AMENDED - PART II									·	lok	TOTAL	7141	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENTAS		CLAIMS REMAINING APTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 25	Minus	<u> </u>	0	•		X\$ 9=	. —	OR	X\$18=	-	
AMI	Independent	2	Minus		3		1	X40=	-	OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	1		+270=		
								TOTAL	 	OR	TOYAL		
(Column 1) (Column 2) (Column 3)								OIT, FEE		OR,	DDIT. FEE		
_	CLAIMS HIGHE			ST	(Column 3)			ADDI-	ır		4001		
AMENOMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE	
	Total	· 2H	Minus	٠.٧٤	<u> </u>	0		X\$ 9=		OR	X\$18=		
AM	Independent FIRST PRESE	NTATION OF MU	Minus I TIPI F DEF	··· 2	CI AIM			X40=		OR	X80=		
								+135=		OR	: +270=		
7/10/20							AD	TOTAL DIT. FEE		OR	YOYAL LODIT, FEE		
_	1 1900	(Column 1) CLAIMS		(Colum		(Column 3)	_						
₩.	n Den	REMAINING AFTER AMENDMENT	CALL PORT	HIGHI NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	· 14	Minus	74		-		XS 9=	766	OR	X\$18=	FEE	
ME	Independent	. 2	Minus	3		2	H	X40=	 				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H	A4U=	 	OR	X80=		
If the entry in column 1 is less than the entry in column 2, write 10 in column 3.													
t	the "Highest Nur The "Highest Nur	mber Previously Pal mber Previously Pa	id For IN THIS Id For IN THI	S SPACE IS S SPACE IS	less that	n 30, enter "30." n 3, enter "3."		DIT. FEE		•	TOTAL UDDIT. FEE	<u> </u>	
1	he Highest Num	ber Previously Pale	For (Total or	Independe	nt) is the	highest number	faund	pu gué et	od etshqorqu			I	
_				<u> </u>						, 4			

FORM PTO-17

Patient and Trademack Office, U.S. DEPARTMENT OF COMMERCE